

Leadership for health equity and social justice: Rewired for the future

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It was my distinct honour to represent the American Public Health Association (APHA) at the recently held Public Health Association of South Africa (PHASA) annual conference in collaboration with the African Federation of Public Health Associations (AFPHA).

APHA is celebrating 141 years of public health advocacy, policy development, support for community health and expertise in health promotion, disease prevention and health protection. The organisation has a membership of 50,000 people across the disciplines that make up public health. It looks forward to a long and productive relationship with PHASA and AFPHA. Our presence at the conference declares our support and the promise of future collaborations and mutual attack on the many public health issues that continue to plague the globe. I see many similarities in the need for public health systematic approaches to common health issues. There is a need for a social determinants approach to our issues. There is a need for a Health in All Policies approach to health. There are growing issues around chronic diseases and there are significant issues around environmental health and there is the continued focus on HIV/AIDS. There are many areas where we could work together.

The road to President of APHA

On a personal note, I am thrilled that I had the opportunity to return to Africa for such an important meeting. I have been travelling to the African continent since 1969. My name often comes up as a point of conversation particularly when I am around Nigerians. I am always asked if I am from Nigeria since my name Adewale is a Yoruba name which means 'the crown has returned home'. Although my name is Nigerian I was born in the South Bronx, New York City and the name was given to me while travelling from Lagos to Ibadan on my personal quest to reconnect with my African roots.

My mother - now 95 years old - raised three boys in the 50's and 60's and we all lived a personal and societal experience of racism and poverty. That instilled the notion of making a difference in me at a very early age which continues to this day. Leaders' areas are shaped by their experiences and my early dedication to truth, human rights and social justice arises from the turmoil of that era and my contemporary commitment to global health equity. It was actually a course on problems of developing African Economies taken in 1971 that made me realize the importance of the sciences in maintaining independence through self-reliance. This awareness was the genesis of my decision to go to Medical School and to devote my life to this work.

I have always been an activist and the merging of my Medical and Public Health focus was almost preordained. Leadership has always been in the description of who I am and what I do. I served as the national president of the Student National Medical Association, the national organization of Black Medical Students, the Chairman of the Black Caucus of Health Workers and now proudly serve as the President of APHA. My career includes 15 years in clinical emergency medicine, over 15 years in public health as Department director for two major American cities, and being chosen as Chief of Party for a primary care reform program in the Eastern Cape of South Africa (although unfortunately we did not get that contract).

Public health leadership

For the past 18 years I have had early and continued involvement in redefining and reframing health and differences in health status and outcome by race, ethnicity, socioeconomic status, gender, sexual orientation and disability status. That reframing leads to an in depth discussion and analysis of creating global and local health equity based on the social determinants of health and the principles of social justice and the right to health. Health equity is defined as “the realization by all people of the highest attainable of health. Achieving health equity requires valuing all individuals and populations equally and entails focused and ongoing societal efforts to address avoidable inequalities by assuring the conditions for optimal health for all groups, particularly for those who have experienced historical or contemporary injustices or socioeconomic disadvantage”. Part of the methodology of health equity involves building a collective conscious that focuses on this concept of health.

APHA believes in the right to health, in social justice, in health equity, in public health ethics and we believe that we are all connected. We furthermore believe that each of us is a leader with the vision, wisdom and fortitude to make a difference. I established three pillars of my presidency with that in mind. These are: 1) Creating health equity; 2) Assuring the right to health and healthcare; 3) Rebuilding the public health infrastructure.

As president of APHA I have learned that I need to be the visionary. I need to be the team builder, the conflict resolver, the innovator, the one who thinks out of the box and the risk taker. Leaders must also prepare the youth to stand on our shoulders and to move the health equity agenda to the next level through pipelining and mentoring. We get to recognize that sometimes we become listening leaders and leads from behind. Importantly we get to recognize that the power of one is real and resides in each of us. Sometimes that means going against the grain, making noise and challenging tradition and authority.

Having said that let me suggest to you what you need and need not to do. We do not quit, but we do take a deep breath and keep going on. We take a risk as our goal is to achieve health equity from Cairo to the Cape, from Morocco to Madagascar; every inch. To laugh is to risk appearing foolish. To weep is to risk appearing sentimental. To reach for another is to risk

involvement. To expose your feelings is to risk exposing your true self. To place your idea before the crowd is to risk their loss. To love is to risk not being loved in return. To live is to risk dying. To hope is to risk despair. To try is to risk failure. But risks must be taken because the greatest hazard in life is to risk nothing. The person who risks nothing does nothing, has nothing and is nothing. He may avoid suffering and sorrow but he cannot simply learn, feel, change, love or live. Chained by servitude, he has forfeited his freedom. Only a person who risks is free.

On behalf of APHA we congratulate PHASA with this landmark conference. We stand with you and look forward to working with you as you strive to bring about health equity on the African continent and the globe.

A personal note of thanks is given to Professor Rispel for her tireless work on getting things right for the conference. I also extend a thank you to my Dean Dr Donna Petersen of the University of South Florida College of Public Health whos support for my work with APHA made it possible for me to participate.

Note that the views expressed in this article are those of the author(s) and do not necessarily represent the views of PHASA.